

**BACKFLOW ASSEMBLY TESTER**  
**Application Form**  
Revised May 21, 2015

**Application:** Please provide the following information then sign and date the form. Return this application form with the required documentation to the address we have provided below. Please print clearly. Incomplete or illegible paperwork will not be accepted. A valid e-mail address is required.

**Required Information** (Please print, all fields are mandatory)

Tester Name \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this Company Registered and Bonded in accordance with the City of Columbus, Department of Building Regulation's requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Provide copy of Registration.)

ODOC State Certification Number: \_\_\_\_\_ (Provide a copy of your State Certification card.)

Test equipment: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

If you have more equipment, add an additional sheet and place a check here. Additional equipment \_\_\_\_\_

Equipment Calibration Certificate(s): Provide copies of your current equipment calibration certificate(s). Please note, certificates must clearly state who the test equipment belongs to or is used by.

**I, the undersigned, have read and agree to the City of Columbus Backflow Assembly Tester Guidelines.**

Signature of Certified Tester: \_\_\_\_\_

**Return This Completed Application To:**

Backflow Compliance Office Manager  
City of Columbus, Public Utilities Complex  
918 Dublin Rd.  
Columbus, Ohio 43215  
e-mail: [backflow@columbus.gov](mailto:backflow@columbus.gov)

**For More Information:** Visit our website, or contact The Backflow Compliance Office Monday through Friday 7:00am to 3:30pm @ (614) 645-6674

**Complete and Return Signed Copy to the Backflow Compliance Office**